

FY07 Residential Substance Abuse Treatment Program Grant Application Checklist

Have you included:

- ☐ Application Summary Report
- ☐ Application for Funding Form
- ☐ Budget Pages (*as applicable*):
 - ☐ Personnel Budget Form
 - ☐ Personnel-Overtime Budget Form
 - ☐ Personnel/Staffing Information Form
 - ☐ Volunteer Match Form
 - ☐ Travel Budget Form
 - ☐ Equipment Budget Form
 - ☐ Supplies/Operations Budget Form
 - ☐ Contractual Budget Form
- ☐ Narrative Work Program
- ☐ Certified Assurances Form
- ☐ Certification of Cash Match Form
- ☐ Audit Requirements Form
- ☐ Report of Expenditures and Check Payee Form
- ☐ Offerer's Prior Experience Form
- ☐ Project Agency Organizational Chart

Have you:

- ☐ Double-checked your math?
- ☐ Checked that all forms are accurate and fully completed?
- ☐ Verified all forms are signed and dated by the Authorized Official?
- ☐ Included justification for each budget item in the narrative?
- ☐ Written the narrative in its prescribed format?
- ☐ Assembled your application packet in the above order, including only applicable forms?
- ☐ Marked the "ORIGINAL" application packet in the upper right hand corner of top sheet?
- ☐ Submitted one original and four copies for review?

APPLICATION DEADLINE

All applications must be postmarked by no later than May 4, 2006. Failure to submit your application by the deadline may result in the application being denied.

Submit the original and four copies of the application to:

Mailing Address:

**Missouri Department of Public Safety
Attn: NCAP Section
P.O. Box 749
Jefferson City, MO 65102**

Street Address:

**Harry S. Truman State Office Building
301 West High Street, Room 870
Jefferson City, MO 65101**

FAXED APPLICATIONS WILL NOT BE ACCEPTED!